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The Pulmonitis of Paralytics and Degeneration of the Vagi Nerves. Dr. BIANCHI. Translated and abstracted by Joseph Workman, M. D. Montreal Medical Journal, 1889-90, XVIII, p. 481.

Bianchi is unable to attach any very great importance to the forms of pneumonia studied by him in the insane, accompanied by more or less advanced degeneration of the pneumogastriacs. As slight compression, from which the tissues in their normal condition feel nothing, produces a bed-sore when a neuritis or an inflammatory process exists in the spinal cord, so a degenerative neuritis changes the conditions of nutrition in the pulmonary parenchyma, and in these altered conditions stimuli which were previously harmless may become pathogenic, reaching the lungs through the larynx, the mouth or the tracheal tube in the inspired air. Hyperæmia, if it is present, the disturbed respiratory mechanism, increased endoalveolar pressure, paralysis of the muscular fibres of the bronchi, insensibility of the mucosa of the deep respiratory passages, are but so many factors concurring to disturb the process of nutrition. Even gangrene, which is so common a finding in the pulmonitis of paralytics, simply indicates the frail vitality of the tissue, and preceding lesions in the vessel walls may have contributed in determining the easy and prompt death of the tissue, however slightly more intense may have been the stimulus which it has been unable to resist.

Case of General Paralysis Complicated by Aphasia. C. P. TANNER, M. D. Brain, 1890, XIII, p. 111.

Male, aged 33. A typical case of general paralysis with a sudden onset, beginning to talk "jargon" while reading; shortly afterwards right arm and leg were paralyzed; unconscious for four days; on recovery his language was entirely incomprehensible. Disease began at least a year before. A month after admission could not understand spoken words, except his name; could not read printing aloud; could not repeat spoken words, write at dictation, or copy printed matter. Could understand written words to a fair extent, and read them aloud, but made mistakes in pronunciation of letters, *e. g.* called *name*, *tame*. In copying, frequently transposed letters, but put them all in. Further history was the ordinary one of general paralysis. Examination of brain, besides the usual symptoms of general paralysis showed whole of left insula destroyed, apparently result of hemorrhage, its place being occupied by a broken down blood-clot, apparently encysted. Hemorrhage had invaded first temporo-sphenoidal lobe near its tip, and also part of the inferior parietal lobe, adjacent to fissure of Sylvius. Claustrum destroyed, external capsule, lenticular nucleus and internal capsule flattened in direction of lateral ventricle. Source of hemorrhage not found.

OCULAR SYMPTOMS.

The Analysis of the Motor Symptoms and Conditions of the Ocular Apparatus, as observed in Imbecility, Epilepsy, and the Second Stage of General Paralysis. C. A. OLIVER, M. D. American Journal of the Medical Sciences, 1890, c, p. 486.

Conclusions: 1. In idiopathic epilepsy of the male adult, even when the stage of dementia has been reached, both the intra-ocular and the extra-ocular motor groupings seemingly, as a rule, remain unimpaired, both as to innervation and to active impulse, although in some instances curious enervations and limitations of action seem to exist. 2. In the lower grades of imbecility, as seen in the male adult, which have resulted from malformation or disease of a minor degree than that producing so called idiocy, that have supervened in infancy or